



DIVISION OF DEVELOPMENTAL DISABILITIES  
**HCBS WAIVER ENROLLMENT REQUEST  
NOTICE OF DENIAL**

DATE:

TO:

RE:

On \_\_\_\_\_ you requested to be enrolled in a DDD HCBS waiver. You do not meet ICF/MR Level of Care per WAC 388-845-0070.

DDD determined you ineligible because you do not have ICF/MR Level of Care needs per WAC 388-845-0070 through 388-845-0096.

You may request to be enrolled in a DDD waiver if your needs change.

If you disagree with this decision, you must file the enclosed request for appeal within ninety (90) days of receipt of this notice.

Please call if you have questions.

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Case/Resource Manager

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Telephone Number

**DISTRIBUTION:** Waiver Program Manager; Client; Legal Representative; Client File



**HCBS WAIVER ENROLLMENT  
REQUEST DDD NOTICE OF DENIAL  
REQUEST FOR HEARING**  
per Chapter 388-02 for DSHS hearing rules.

FOR AGENCY USE ONLY

☐ **Oral request taken by:**

NAME

TELEPHONE NUMBER

INVOLVED DIVISION/ORGANIZATION

**MAIL TO:** OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489  
PO BOX 42489  
OLYMPIA WA 98504-2489

**FAX:** 360-586-6563

I request a hearing because I disagree with the following service decision by the Division of Developmental Disabilities (DDD):

YOUR NAME (PLEASE PRINT)

DATE OF BIRTH

ADDRESS OF PERSON REQUESTING HEARING

CLIENT ID NUMBER

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (INCLUDE AREA CODE)

☐ MESSAGE PHONE

**I was notified of the decision on:** \_\_\_\_\_ **by:** \_\_\_\_\_  
DATE DSHS OFFICE NAME AND LOCATION

**I want continued assistance, if I am eligible:** ☐ Yes ☐ No **Program:** \_\_\_\_\_

I am represented by (if you are going to represent yourself, do not fill in the next two lines):

YOUR REPRESENTATIVE'S NAME

ORGANIZATION

TELEPHONE NUMBER

ADDRESS STREET

CITY

STATE

ZIP CODE

☐ **I authorize release of information about my hearing to my representative.**

YOUR SIGNATURE

DATE

Do you need an interpreter or other assistance or accommodation for the hearing? ☐ Yes ☐ No

If yes, what language or what assistance? \_\_\_\_\_

Administrative Law Judges (ALJ's) may hold some hearings by telephone. If you want to change to an in-person hearing, follow the instructions in the Notice of Hearing that will be mailed to you by OAH.